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BIBDATASHEET**CONFIRMATION NO. 7910**

Bib Data Sheet

SERIAL NUMBER 10/601,952	FILING OR 371(c) DATE 06/23/2003 RULE	CLASS 623	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. 29985/03-057
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**** CONTINUING DATA *********** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 09/10/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 4	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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TITLE

Asymmetric stent delivery system with proximal edge protection and method of manufacture thereof

FILING FEE RECEIVED 1396	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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